A PRACTICE-BASED CULMINATING EXPERIENCE: WRITING A HRSA GRANT APPLICATION WITH TEXAS ORGAN SHARING ALLIANCE FOR PUBLIC EDUCATION EFFORTS TO INCREASE SOLID ORGAN DONATION

by

WENDY JEAN MANUEL, BS

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by
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2011
DEDICATION

To Jim G. Manuel
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WENDY JEAN MANUEL, BS

Presented to the Faculty of The University of Texas School of Public Health in Partial Fulfillment of the Requirements for the Degree of

MASTER OF PUBLIC HEALTH

THE UNIVERSITY OF TEXAS
SCHOOL OF PUBLIC HEALTH
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In April 2007, my husband passed away waiting for a liver transplant. He waited on the transplant list 10 months. For those initially listed at the same MELD score as Jim’s initial score, the median waiting time is 24 months. Thousands of people wait as long as 5 or more years. The tragedy of watching people wait for solid organ donation inspired me to pursue a career that might contribute more substantively to humankind. Therefore, I elected to pursue a Master’s in Public Health. I have focused all my studies on issues surrounding organ donation. I chose this culminating experience as I believed it could provide an opportunity for the local organ procurement organization, Texas Organ Sharing Alliance to receive funding to promote organ donor registration. Texas has one of the lowest registration rates in the country. The application also provided me with professional experience in planning a health behavior intervention and in federal grant writing.
ACKNOWLEDGEMENTS

I wish to acknowledge Dr. Shelton Brown for suggesting the use of grant writing as a culminating experience. I want to thank Texas Organ Sharing Alliance for providing the opportunity to write the grant application and all of the time they invested in developing the application. Specifically I thank Patrick J. Giordano, MHA, LFACHE, Esmeralda Perez, Mike Rosson, Shante Wells and Michelle Segovia. I learned a lot from each of you. I would like to thank Dr. Cristina Barroso for her guidance, support and encouragement. Thank you to Dr. Cheryl Perry for her feedback. Thank you to Dr. Alfred McAlister for his ideas regarding the intervention design. In memoriam, thank you to Dr. Ronald Harrist for guidance on evaluation. Finally, I want to thank my daughter, Jacqueline Schiappa, who is the wind beneath my wings. It has been fun to pursue advanced degrees together. Thank you to all of my family and friends who endlessly encourage me to pursue my dreams and new endeavors.
In November 2010, nearly 110,000 people in the United States were waiting for organs for transplantation. Despite the fact that the organ donor registration rate has doubled in the last year, Texas has the lowest registration rate in the nation. Due to the need for improved registration rates in Texas, this practice-based culminating experience was to write an application for federal funding for the central Texas organ procurement organization, Texas Organ Sharing Alliance. The culminating experience has two levels of significance for public health – 1) to engage in an activity to promote organ donation registration, and 2) to provide professional experience in grant writing.

The process began with a literature review. The review was to identify successful intervention activities in motivating organ donation registration that could be used in intervention design for the grant application. Conclusions derived from the literature review included 1) the need to specifically encourage family discussions, 2) religious and community leaders can be leveraged to facilitate organ donation conversations in families, 3)
communication content must be culturally sensitive and 4) ethnic disparities in transplantation must be acknowledged and discussed.

Post the literature review; the experience followed a five step process of developing the grant application. The steps included securing permission to proceed, assembling a project team, creation of a project plan and timeline, writing each element of the grant application including the design of proposed intervention activities, and completion of the federal grant application.

After the grant application was written, an evaluation of the grant writing process was conducted. Opportunities for improvement were identified. The first opportunity was the need for better timeline management to allow for review of the application by an independent party, iterative development of the budget proposal, and development of collaborative partnerships. Another improvement opportunity was the management of conflict regarding the design of the intervention that stemmed from marketing versus evidence-based approaches. The most important improvement opportunity was the need to develop a more exhaustive evaluation plan.

Eight supplementary files are attached to appendices: Feasibility Discussion in Appendix 1, Grant Guidance and Workshop Notes in Appendix 2, Presentation to Texas Organ Sharing Alliance in Appendix 3, Team Recruitment Presentation in Appendix 5, Grant Project Narrative in Appendix 7, Federal Application Form in Appendix 8, and Budget Workbook with Budget Narrative in Appendix 9.
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BACKGROUND

Literature Review

Health and Human Resources Administration (HRSA) grant funding announcement HRSA-10-033 for Public Education Efforts to Increase Solid Organ Donation Program specifically required that applicants base their proposed interventions on previous successful research. Applicants could choose one of two approaches in their application: Category 1 - Replication of Empirically Validated Interventions or Category 2 - Combined Community Outreach Interventions. For the Category 1 intervention type, applicants were required to describe several elements of the original project being replicated including target population, implementation plan, and evaluation plan. For a Category 2 intervention type, applicants were required to describe the appropriateness of the selected strategies to accomplish the specific goals of the proposed project. In either case, the purpose of funded programs was to “support public education and outreach interventions that have already been shown to be effective in increasing the number and rate of individuals who choose to be donors and enroll in State donor registries or projects that consist of the two campaign components demonstrated in professional literature as being critically important for generating behavior change” (Maldonado, 2009, p. 1, emphasis added).

A review of literature was therefore necessary to fulfill the requirements of the grant. TOSA staff was interested in behavioral interventions that could improve registration rates in Hispanic and African American populations as its service area population is comprised of 54% Hispanics, 39% non-Hispanic White, 5% African Americans and 3% other. In 2009, the TOSA service area consent rates by ethnicity were 80% in non-Hispanic white, 53.3% in African Americans, 48.3% in Hispanics, and 3% in other. In 2009, TOSA experienced a decrease of 6.6% in the Hispanic consent rate from the previous year.
TOSA staff members were also interested in the potential impact of leveraging religious organizations in organ donation education. TOSA has existing relationships with some of the regional churches. Finally, TOSA staff had experience with the importance of family communication about organ donor intent and knew that this is an important component of obtaining consent for donating organs.

It was decided that the proposed intervention would focus on these areas of interest.

The criteria to decide what literature to review was the following:

1. Articles must be from a peer reviewed journal, published in English.
2. Articles related to organ donation and family communication behavior.
3. Articles related to organ donation behavior and ethnicity - specifically African American and Hispanic.
4. Articles related to organ donation behavior and religion.

**Review Methodology**

In October 2009, a search for literature was conducted in Pubmed. The search terms used were ‘organ donation’ AND ‘African American’; ‘organ donation’ AND ‘Hispanic’; ‘organ donation’ AND ‘family’ AND ‘willingness to communicate’; ‘organ donation’ AND ‘religion’. Articles determined to be related to behavioral interventions by reading abstracts were selected for review. Articles not from peer reviewed journals were not selected. Where articles referred to articles on organ donation interventions that had not been previously identified via the Pubmed search, those articles were considered (i.e. the snowball method). As much as possible, more recent articles were selected. This process yielded 62 articles to read, 49 of which were published in 2000 or more recently and 13 published between 1993
and 1999. The frequency of articles by year and search term categories is summarized in table 1.

**Table 1 Summary of Articles by Year and Search Terms**

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<th>Year of Publication</th>
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<th>Religion</th>
<th>Willingness to Talk</th>
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**Literature Review Objectives**

TOSA staff has a great deal of experience of common objections to organ donation. The TOSA website states “It’s a tragedy if even one person decides against donation because of a myth” (TOSA, 2010). Due to the experiences of the staff, it was expected that interventions addressing medical mistrust by ethnic groups as well as religious beliefs will be found. An important question looked for in the literature was whether or not previous research efforts included religious institutions in the interventions. The specific objectives of reviewing the literature were:
- To identify successful intervention activities in motivating organ donation registration that could be used in intervention design for the grant application.
- To identify areas of research suggested by authors that could be addressed in intervention design for the grant application.

**Organ Donation and Family Communication Behavior**

Thirteen articles addressed aspects of family communications behavior as it relates to organ donation. Theoretical bases for research have included the Theory of Reasoned Action (TRA) (Morgan & Miller, 2002 and Jeffres et al., 2008), Transtheoretical Model (TM) (Guadagnoli et al. 1999), Theory of Motivated Information Management (TMIM) (Afifi et. al., 2006) and Heuristic-Systematic Model (HSM) of communication (Smith et al., 2008).

The Theory of Reasoned Action postulates that the most important determinant of behavior is behavioral intention (Montano & Kasprzyk, 2008). The use of this theory is interesting since in the area of organ donation, with the exception of living donation, the individual is not the person who ultimately performs the donation behavior. The individual’s intended behavior (to donate organs posthumously) may not be carried out as the wishes of the surviving family may be contrary and, in the U.S., are almost always honored. Therefore, if an individual wishes to become a donor and even may be registered as a donor, if that intention is not communicated to family; the donation behavior may never become a reality. Morgan & Miller note that while research considers TRA in relation to signing or intending to sign a donor card, there is little to identify factors associated with the willingness to communicate the intention with family (2002). The researchers concluded that effective organ donation campaigns must include “factual knowledge necessary to explain to family
members what the decision to be an organ donor entails” (Morgan & Miller, 2002, p. 132).

In 2004, Morgan developed an organ donation behavior model based in TRA however still focused on donor intention behavior rather than donor communication behavior. Similarly, Jeffres et al. concluded that consistent with TRA, communicating with others about one’s intent to donate increased favorable attitudes towards organ donation and willingness to be a donor (2008).

Willingness to communicate to family the intention to be an organ donor can be considered a stage of behavior in accordance with the Transtheoretical Model. One assumption in this model is that behavior change is a process that takes place over time and through a sequence of stages (Prochaska, Redding & Evers, 2008). Considering willingness to communicate one’s organ donation behavior is a stage of overall organ donation behavior, Guadagnoli et al. found that about half of individuals wanting to donate have not communicated this decision and therefore interventions should attempt to match strategies specifically to this stage of behavioral change (1999).

Both the Theory of Motivated Information Management and the Heuristic-Systematic Model draw heavily from communication theory as much as health behavior theory. The HSM theorizes that while a central message is thoughtfully considered, individuals also pay attention to peripheral, intuitive (heuristic) cues (Finnegan & Viswanath, 2008). TMIM well applies to organ donation behavior in that it applies specifically to the interpersonal communication channel and also attempts to identify information behaviors along a continuum of intent (Afifi & Weiner, 2004). In surveys of university students, Afifi et al. found that importance of organ donation was correlated with intention to talk to family
members (2006). Smith et al. concluded in their research that interventions should explicitly encourage family discussion (2008). This research relied heavily on HSM theory and developed an organ donation behavior model specific to the heuristic cues such as emotional reactions as opposed to cognitive thought. An alternative model was developed based on the research results which showed correlations between prior thought, emotions, anxiety and willingness to communicate.

Knowing the wishes of the deceased loved one is a significant contributing factor to whether or not families consent to organ donation. In the absence of a signed donor card, one study found that families assume that the loved one did not intend to be a donor; therefore the donor card is the “most explicit” method of communicating one’s intentions (Exley, White & Martin, 2002). Prior knowledge of the patient’s wishes is significantly associated with willingness to donate and families who talk about organ donation are more likely to consent (Siminoff et al., 2001; Radecki & Jaccard, 1997; Dodd-McCue & Tartaglia, 2005). One study also found that while survey participants indicated high willingness to communicate their intentions, they had not actually done so (McDonald et al., 2007). This suggests that more research is needed to understand the gap between intention to communicate and the actual communication behavior.

Two studies were read that were not specific to organ donation. One study of communication reticence shows that people often remain silent rather than risk appearing foolish and this is true in families that do not express their emotions (Kelly et al., 2002). This could be applied to communicating the intent to donate organs since it is an emotional topic. The second non-organ donation article explored family communication and religion in
relation to communications about substance use and sexual behavior. This study found that religiosity was related to communications in the family and particularly among African Americans (Wills et al, 2003).

**Organ Donation Behavior and Ethnicity**

In 1993, Reitz & Callender wrote that to influence organ donation in the African American community, “new approaches must be taken now because previous attempts have proven inadequate” (Reitz & Callender, 1993, p. 353). The fresh approach advocated was to leverage resources within the African American community including religious leaders, and transplant donors, recipients and their families. It fascinates me that this was suggested in 1993 yet most interventions have not utilized this “opinion leader” model. Nearly 15 years later, Arriola as well as Rodrigue and others advocate in their conclusions that there is a need to educate clergy and family regarding organ donation (Arriola et al., 2007; Rodrigue et al., 2008).

Similar to the black experience, Ciancio and colleagues in 1997 concluded there as a need to expand educational efforts towards the Hispanic community by taking into consideration language, the role of the extended family, increased information through Hispanic media and consideration of the non-uniformity of the Hispanic community (e.g. aspects between Cuban, Mexican, Central and South-American and Caribbean cultures, Ciancio et. al., 1997). Ten years later, Siegel, Alvaro and others published studies on the same need concluding that culturally specific education is needed in the Hispanic community (Siegel et al., 2008; Alvaro et al., 2008).
African American organ donation behavior was considered in 41 articles and Hispanic behavior in 7 articles. Of these articles 19 draw conclusions regarding the importance of family communications in ethnic groups; 13 advocate use of religious, community leaders and the importance of knowing someone who has donated or is willing to donate; and 11 draw conclusions about ethnic disparities and the importance of acknowledging and discussing disparities. Other conclusions regarding organ donation among African Americans and Hispanics include the need to educate about myths (8), to use culturally sensitive communications (7), use appropriate language such as Spanish (4), ethnic media (4), financial incentives (4) and leverage same race ethnicity when making donor requests (3). A summary of which authors draw which conclusions is provided in table 2. As the grant design was searching for prior research particularly regarding family communications, religion and ethnicity, key findings regarding these topics will be discussed.

African Americans and Hispanics are more likely to communicate intentions regarding organ donation via interpersonal conversations than to register or sign an organ donor card (Korda et al., 2007; Siegel et al., 2005). This finding indicates that family communications are essential for families to know the donor intention of their loved ones. Having a family discussion and knowing others willing to be a donor were important predictors of donor intention in Hispanics (Alvaro et al., 2005). In general, family discussion importance was concluded in multiple studies (Dodd-McCue & Tartaglia, 2007; Morgan & Cannon, 2003; Siegel et al., 2008; Trollinger et al., 1997) and the need for culturally sensitive discussions was also emphasized (Breitkopf, 2009; Minniefield et al., 2001; Siegel et al., 2005; Spigner et al., 2006).
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While the organ donation community recognizes the need for individuals to understand the position of their corporate religion on organ donation as evidenced by the inclusion of this information in publications (Texas Organ Sharing Alliance, 2010), few interventions have focused on educating clergy – a kind of teach-the-teacher model. The importance of clergy is found in multiple studies on African Americans and Hispanics (Morgan & Cannon, 2003; Morgan, 2006) Clergy need to be educated on organ donation advocacy, teaching the “what & how” of discussions, as well as discussing health disparities in ethnic communities (Arriola et al., 2007; Atkins et al., 2003; Siminoff et al., 2003). Davis et al., found in 2005 specifically that African American clergy in Houston were likely to be positive towards organ donation (2005).

The need to acknowledge and discuss ethnic disparities is an important aspect of the communications for African Americans. Blacks are less likely to undergo transplant and in the case of kidneys, blacks experience longer wait times and greater mortality (Rodrique et al., 2008). Segev & Montgomery demonstrated in 2008 that recipients of live non-directed donors did not reflect the regional and racial makeup of the waiting list and that African Americans had been significantly under-represented in the allocation of live non-directed donor kidneys (Segev & Montgomery, 2008). African Americans may be either unaware of this disparity (Siminoff et al., 2000) or disparities may reinforce their medical mistrust (Boulware et al., 2002; Siminoff et al., 2006). Thus it is important to discuss disparities in a frank and open way in order to establish trust in communications (Arriola et al., 2007; Siminoff et al., 2003).
Finally, the need for culturally appropriate messaging, whether it is language, media or message content is evident in multiple studies. While this seems obvious in the year 2010, it is not clear that campaigns take this into consideration. Organ donation interventions must use ethnically appropriate messages (Gentry et al., 1997; Kopfman et al., 2002; Minniefield & Muti, 2002; Minniefield et al., 2001; Morgan et al., 2008). What also seems obvious, is that the use of language, specifically Spanish, matters (Schutee & Kappel, 1997; Siegel et al., 2005; Breitkopf, 2009; Thompson, 1993).

**Organ Donation Behavior and Religion**

Organ donation as a public health field involves discussing end of life issues with individuals. For many people, this is inherently a matter of faith and religion. This review examined five articles that either targeted understanding religion and organ donation or discovered religious impact in the course of the study.

Morse et al. in 2009 published a study measuring religiosity and anxiety as it relates to organ donation. The authors reference earlier research citing differences between intrinsic and extrinsic religiosity with differing impacts on anxiety. They concluded that the impact of religion on organ donation behaviors is more complicated than originally thought. Despite the fact that only 198 individuals out of more than 34,000 refusals to donate listed “religious beliefs” as the reason for refusal, research by Morse et al. indicates religion may play a more significant role. They concluded that researchers must consider how religion plays a role in the everyday lives of individuals to understand the impact on donor behavior (Morse et al., 2009). This indicates that more consideration should be given to religious messaging and the
involvement of the religious community than posting denominational positions on websites and in literature.

As discussed above, involvement of clergy appears to be an important component of organ donation education. Education should be targeted for African American clergy (Palmer, 2007; Arriola et al., 2007) and it appears that clergy may be ready to accept this role (Davis et al., 2005).

No research was found specific to the Hispanic community, organ donation and religiosity. However, the Hispanic community was found to be influenced by increased awareness of past donors, donor families and potential donors (Alvaro et al., 2005). The church community may be an ideal forum to facilitate these kinds of conversations. Indeed, some researchers conclude that involvement by churches is essential to intervention success. Referencing research in the 1990s by Callender and others, Morgan concluded that African American churches need to be heavily involved in organ donation outreach campaigns for successful results (Morgan, 2006).

**Literature Review Conclusion**

When one reads a large amount of organ donation behavior research, it is impossible to not notice certain patterns. The first is that several researchers’ names appear repeatedly in the publications. These researchers come from a variety of disciplines and are well credentialed. Listed in this review are those who appear to be the most published in the area of organ donation and communications. Susan Morgan who is currently an associate professor in Communications at Purdue University holds a doctorate in communications from the University of Arizona. Morgan has published at least 7 different articles on organ
donation behavior with particular emphasis on communications. Eusebio Alvaro with at least 5 publications also has a doctorate in communications from University of Arizona and also holds a Masters of Public Health. Dr. Alvaro is currently a research professor in behavioral sciences at Claremont Graduate University.

Other social behaviorists who have contributed significantly to the body of research include Laura Siminoff who has been publishing in the field for a number more than a decade. Dr. Siminoff is the Professor and Chair of Social and Behavioral Health at Virginia Commonwealth University and has a Ph.D. in public health from Johns Hopkins. Kimberly R. Jacob Arriola is an Associate Professor of Behavioral Sciences and Health Education at the Rollins School of Public Health at Emory University. She holds a doctorate from Northeastern University. Both have published extensively regarding African American organ donation behavior.

Authors with more of a clinical orientation include Jason Siegel with at least 5 publications regarding organ donation and Hispanics. He is also is a research professor at Claremont with a doctorate in Psychology from University of Arizona. Robert M. Arnold, M.D. is an associate professor of medicine and psychiatry at the University of Pittsburgh and has published at least 4 organ donation behavior articles. He earned his doctor of medicine at the University of Missouri Kansas City. Also published multiple times is Kimberly Davis, who is an RN and a Managing Director of Hospital Services at LifeGift of Houston, the organ procurement organization for southeast and northwest Texas.

The longevity of these researchers in the organ donation fields, along with other researchers, as well as the variety of backgrounds and the emphasis of evidence-based
research (as opposed to early research in the 1990s) provides a strong level of confidence in relying on their recommendations and conclusions.

A second pattern in the research is the importance of communication to families regarding one’s intent to be a donor. This appears repeatedly and over a period of years. The conundrum then of producing actual organ donors is that not only must individuals register or otherwise act upon their intent to donate, they must communicate so to their family members. The actual act of donation is not done by the individual but by the family. Even the HRSA grant goal is to increase donor registrations. The research clearly shows however, that registration in and of itself is insufficient to increasing the availability of organs for transplant. Communication with family members is essential.

Recalling that the grant required an intervention design with “two campaign components demonstrated in professional literature as being critically important for generating behavior change” several conclusions were drawn from the review of the literature.

1. Interventions need to specifically encourage family discussions. Families need education on how to communicate organ donor intentions as most people do not share this intention. Without prior knowledge of intent, families assume their deceased loved one did not intend to be a donor. For African Americans and Hispanics, communication of intent is not likely to occur by the mere act of registering, interpersonal communication is required. Factual knowledge to overcome myths is needed as well as how to overcome the anxiety of the emotional conversation.
2. Religious and community leaders can be leveraged to facilitate organ donation conversations in families. In fact, church participation may be essential to success. Clergy also require education to be facilitators. The consideration of religion must be more intrinsic to the organ donation conversation, considering how religion is important in everyday life.

3. Communication content must be culturally sensitive and not be “one size fits all”. There are cultural differences within the Hispanic community and of course, Spanish language options must be available in print, conversations and media.

4. Ethnic disparities in transplantation must be acknowledged and discussed. This is important in educating those who may not be aware of the disparities and also for those who need to develop trust to be a donor.

The objectives for reviewing the literature were partially achieved. The first objective sought to identify successful intervention activities. This objective was not really achieved as most of the literature focused on knowledge and attitudes via surveys and less on the activities influencing. As neatly summarized by Kurz et al. in their review of the literature:

“In sum, not unlike the circumstance with other health behaviors such as physical activity and smoking cessation, significant knowledge exists about donation-related attitudes and behaviors. However, the translation of that knowledge into effective interventions and, perhaps more importantly, the wide and successful dissemination of these approaches, is just beginning to be investigated.” (Kurz et al., 2007, p. 515)
Based on the above conclusions however, it was possible to decide on intervention design elements that were based on research. It was decided that the intervention design should include culturally sensitive messages regarding family communication delivered via the religious community. The literature review did not result in specific interventions using religion, but the need for religious involvement was reinforced. This fulfilled the second objective of the literature review, to identify areas of research suggested by authors that could be addressed in intervention design for the grant application.

**Public Health Significance**

This practice-based culminating experience has two levels of significance for public health: to engage in an activity to promote organ donation registration and to provide professional experience in grant writing. The need for organs for transplantation is well known and an important public behavior to influence in the organ donation field is donor registration. It is also important for public health schools to provide real-world experiences, which includes the skill of grant writing. Therefore, this proposal undertook a community partnership to write a grant application for funding for organ donor education.

On February 28, 2010 there were 105,996 individuals waiting for organ transplants in the United States (UNOS, 2010). The rate of increase in individuals in the U.S. on the organ waiting list for the seven year period between 1988 and 1995 was an astonishing 275% (Childress & Liverman, 2006). From 1988-1995, a new patient in the United States was added to the waiting list every 15 minutes (Abouna, 2008). A primary driver in this growth is an increasing need for kidney transplants. In 2009 there were over 400,000 U.S. patients
with end-stage renal diseases (ESRD) of which only 20% were listed for transplantation. Of all ESRD patients, only 4% are transplanted annually (Hippen & Matas, 2009).

Adverse outcomes due to organ shortages include both loss of life and economic costs. While not one of the top 10 leading causes of death, the chronic shortage of organs does contribute to loss of life. Just as numbers of patients waiting for transplants are climbing, so are deaths on the waiting list. In 2008, UNOS reports about 18 patients die every day or one about every 80 minutes (UNOS, 2008). Between 1995 and 2009, 2,938 patients died waiting for kidneys in Texas (UNOS, 2010).

As transplantation costs decline, it has become more cost-effective. One study shows cost recovery of transplant begins at 2.7 years after transplant, saving approximately $27,000 per year in dialysis costs (Etizoni, 2003). The total value of life lost due to death because of waiting for an organ transplant is estimated at greater than $4 billion annually in the United States (Mocan & Tekin, 2007). In 2006, 0.6% of the Medicare budget was spent on 0.6% of the beneficiaries. $22.7B was spent on over 500,000 patients with kidney failure, of which $1.8B was spent on kidney transplantation for 151,502 patients (Hippen & Matas, 2009).

The demand for organs is also an international issue. China for example has approximately 1.5 million individuals on the waiting list yet achieves only 10,000 transplants per year, 2nd only to the U.S. (Watts, 2007). In Europe, 10 people die per day while waiting for an organ (Pattinson, 2008).

In terms of health behavior, organ donation research has demonstrated that an individual’s actions do not always reflect their attitudes. A frequently cited 1993 Gallup
survey quantifies the delta between the behavioral intention and actual behavior. The survey results indicate 95% of Americans favor organ donation and a willingness to donate organs after death at a 69% rate. However, only 28% indicated their permission for donation on their driver’s license or a donor card. Other research indicates that donated organs are more likely to be from white, male and younger patients (Siminoff, Mercer, Graham & Burant, 2001).

As discussed above, the donor behavior in Texas is particularly acute. Texas is one of four states with an actionable donor designation (ADD) population share below 10% compared to 27 states with ADD population share greater than 35% (HRSA, 2009). In fact, the Texas donor registration rate can be described as deplorable with approximately 3% of the adult population registered. In January 2010, the Donate Life-Texas Registry reported 547,710 registrants (Donate Life, 2010) versus an estimated adult population of 15.9 million. (Bernstein, 2004).

The funding opportunity offered by a HRSA grant would provide TOSA the means to leverage research findings regarding organ donation behavior among ethnic groups in its service area. The conundrum of producing actual organ donors is that not only must individuals register or otherwise act upon their intent to donate, they must communicate so to their family members. The actual act of donation is not done by the individual but by the family. Even the Health and Human Resources Administration (HRSA) stated goal for offering grant funding is to increase donor registrations. The research clearly shows however, that registration in and of itself is insufficient to increasing the availability of organs for transplant. Communication with family members is essential. A financial award
from HRSA would enable TOSA to target culturally sensitive messages to Hispanic and African American citizens. The grant would also fund staff to organize educational efforts for clergy in designated counties to capitalize upon the recommendations of previous researchers to leverage religious leaders to influence donation behavior and family communications.

The second area of significance in public health is real world training in grant writing skills. Public health studies emphasize the importance of evidence based research. Institutions of higher education place pressure on faculty to secure grants and sustain funding levels (Gewin, 2009). Thus it can be as important to acquire skills to secure funding as it is to secure research skills. However, much of post-graduate training fails to focus on grant writing skills (Arnett, 2009).

There is some research to support the need for grant writing education. A study in The Netherlands found that only 33% of post-doctoral fellows said they had received helpful training in grant writing (Aschwanden, 2006). Lindley et al. found that among public health professionals surveyed in Kentucky, only 7.4% felt proficient in grant writing and 70% desired more training in grant writing (Lindley et al., 2005). Service learning is based on reciprocal and balanced emphasis on student learning via community service in real-life situations (Cook, 2008). Thus a grant writing experience on behalf of a local organization is a learning method suited to a public health culminating experience.

**Goals, Objectives and Activities**

The goal of the practice-based culminating experience is to create a consortium of organizations to design a combined community outreach intervention to increase donor
registrations at the Glenda Dawson Donate Life Texas Registry. The intervention design will be submitted in a grant application to Health Resources and Services Administration (HRSA-10-033).

The practice-based culminating experience project consists of both process and program objectives, as well as activities to achieve the objectives.

**Process Objectives**

1. Obtain permission to write grant application by October 31, 2009.
2. Establish a grant writing advisory team by October 31, 2009.
3. Establish a grant writing schedule by October 31, 2009.
4. Demonstrate leadership skills in leading grant team meetings to conduct grant activities per the agreed schedule.
5. Establish professional networking contacts through grant writing activities.

**Program Objectives**

1. Write the HRSA grant application on behalf of Texas Organ Sharing Alliance to be submitted by February 3, 2010.
2. Write an evaluation of the consortium effectiveness towards writing the grant application by October 25, 2010.

**Program Activities**

At the request of the client and the requirements of the HRSA grant, the intervention design will consist of grassroots strategies and synchronized media components targeted at African American and Hispanic American communities. The desired outcome of the
intervention is to increase the number of African and Hispanic Americans registrations on the state registry. The writing of the grant application will include the following activities:

- Creation of Project Staffing Plan
- Creation of Project Budget
- Definition of intervention Purpose with Quantifiable Goals
- Writing a Needs Assessment from literature and data review
- Design of Intervention Methodology and Evaluation Plan
- Establish a Intervention Budget
- Write a Work Plan including Gantt timeline, milestones and dependencies
- Determine a process for Resolution of Challenges

**METHODS**

During my practice based experience internship with Texas Organ Sharing Alliance in the fall of 2009, the TOSA Hospital Development Coordinator attended a grant writing workshop hosted by HRSA on September 22. As a result she approached my coordinator with the idea that I spend my practicum writing a grant for TOSA. It was agreed that it would be a good use of my time. For me to plan a community outreach intervention to increase organ donor registrations and submit a grant application to the federal Health Resources and Services Administration, several steps had to be taken. The chronological steps to produce the completed grant for submission are:

- securing permission to proceed with the grant writing,
- assembling a project team to advise on intervention design,
- setting a project plan and timeline,
• writing each required element for the grant and completing the federal application,
• securing a final decision to submit the grant application.

Permission to Proceed

The methodology to gain permission to pursue the grant project was to create alignment first with the Austin TOSA staff, then the TOSA CEO. The strategy of this method was to leverage the existing TOSA staff relationships to influence the CEO. The first step to create alignment with the Austin staff was to summarize the grant requirements and consider whether pursuit of the grant was feasible.

Assembling the Team

The methodology to create a project team was to leverage the networks of both TOSA and myself. A document to explain the project to potential team members had to be created. Names of potential team members had to be identified. Then individuals had to be approached and asked to serve on the team.

Setting a Project Plan

The HRSA announcement for the grant opportunity was September 18, 2009. It was already October by the time TOSA was considering potentially applying. The application deadline was February 10, 2010. Given the grant writing window included the Thanksgiving and Christmas holiday seasons, that I work full time in addition to the practicum time and that the team would be comprised of volunteers in addition to TOSA staff, it was important to have a clear timeline for tasks. The chosen methodology was to create a Gantt chart for the project plan.
Writing the Grant

Writing of the grant application consisted of two major pieces – the project narrative and completion of the federal application form. The methodology to make decisions regarding the intervention design and the overall application strategy was threefold. First, to leverage previous research from a literature review; second, to leverage HRSA hosted events regarding the grant opportunity; and third, to lead project team meetings for advice, decisions and delegation of work. The plan was to produce iterative versions of the grant narrative to receive feedback from project team members and continually revise and improve the narrative.

HRSA hosted pre-application workshops via telephone and also in Grapevine, TX. The Grapevine agenda is outlined in the table 3.

Table 3 HRSA Pre-Application Workshop Agenda

<table>
<thead>
<tr>
<th>Topic</th>
<th>Presenter</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Guidance Overview</td>
<td>Mary Ganikos, PhD</td>
<td>Education Chief, Division of Transplantation, HRSA at U.S. Department of Health &amp; Human Services</td>
</tr>
<tr>
<td>Preparing a Review-Friendly Application</td>
<td>Rita Maldonado, MPH</td>
<td>Public Health Analyst, Education Branch, Division of Transplantation</td>
</tr>
<tr>
<td>Budget and Other Technical Issues</td>
<td>Bruce Holmes</td>
<td>Grants Management Specialist, Research and Training Branch, Division of Grants Management Operations</td>
</tr>
<tr>
<td>Perceptions of a Reviewer</td>
<td>Debbie Gibbs</td>
<td>Public Relations Manager, Lifeshare of the Carolinas</td>
</tr>
<tr>
<td>Individual Meeting with Faculty</td>
<td>Robert L. Fischer, PhD</td>
<td>Co-Director Center on Urban Poverty &amp; Community Development, Case Western Reserve University</td>
</tr>
</tbody>
</table>

The methodology to make decisions regarding the intervention design was to lead several meetings to get input from the advisory team.
Permission to Submit

The final methodology step required in the culminating experience was to provide the completed application to the TOSA CEO to ask permission to submit the grant.

RESULTS

Securing Permission to Proceed

The complete feasibility discussion I wrote can be viewed in Appendix 1. The feasibility discussion summarized HRSA’s desired purpose for the grants, descriptions of the grant options and the desired outcomes from the grant. All grant program and budget requirements were itemized. A table outlining the grant award criteria was created. I also reviewed a list of previous grant recipients and the work funded previously by grant awards.

I did a preliminary timeline highlighting if TOSA made a GO/NO GO decision to apply for the grant on October 26th, there would be 64 working days before grant submission target date. This allowed one week prior to the formal grant submission deadline to allow for response corrections based on document reviews by TOSA.

The feasibility discussion document was shared with the Austin-based TOSA personnel on October 15. They met October 19 to decide if they were interested in pursuing. They decided they were interested and we participated in the HRSA pre-application workshop via telephone on October 21. I took notes from the telephone workshop on the grant guidance which can be viewed in Appendix 2. October 22 I led a brainstorm meeting with the Austin hospital development coordinator and the community relations coordinator. We developed a list of questions/decisions to be addressed and a basic intervention strategy based on TOSA staff experience and my literature review. It was also decided at that
meeting that I should prepare a presentation for the TOSA CEO to obtain formal permission to proceed. On October 26, I discussed the feasibility of using the grant writing for my culminating experience with the School of Public Health faculty. October 28 I met with the Austin Program Director and he offered his support and guidance.

The first date that the CEO was available for a meeting was November 17, 2009. The Austin director and I traveled to the San Antonio TOSA headquarters to receive formal permission to proceed. I presented the grant application concept to the CEO, the Manager of Communication and Community Development and the San Antonio & Austin Program Directors. The presentation can be viewed in Appendix 3. Applying basic persuasive techniques, I considered my audience and geared the presentation to anticipate their interests and questions. The presentation, titled “Business Considerations: HRSA Grant Application” began with an executive summary of benefits to TOSA from a grant award and what HRSA would require of TOSA. I also forwarded the presentation to the Austin staff for their feedback prior to traveling to San Antonio. The presentation outlined the following items:

- a suggested advisory committee,
- a potential intervention design,
- addressed concerns regarding my employment situation,
- impacts on TOSA staff time to prepare the grant application,
- an example budget from a previous grant recipient,
- conditions of the grant,
- the grant writing timeline
- a list of the previous awardees, and
- grant award criteria.

The CEO had three primary concerns during my presentation. The first was to be absolutely clear that there would not be any compensation to me for my work in writing the
grant and to be clear that there would not be any guarantee of employment post the grant period should TOSA be awarded a grant. To address this concern, I indicated my willingness to sign a letter of understanding regarding no guarantees of employment. This satisfied the concern.

The second concern was extra burden TOSA might experience due to compliance with the federal code of regulations. This concern stemmed from the grant requirement that “successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 (for non-governmental institutions and other organizations) or 45 CFR Part 92 (for State, local, and tribal governments), as appropriate” (Maldonado, 2009, p. 23). The CEO asked me to investigate the actual Code of Federal Regulation. I researched and read the relevant CFRs. On November 19, 2009 I sent an email to the CEO enclosing required federal forms. This email trigged additional concerns from the CEO and additional research required on my part and by TOSA staff. These concerns can be viewed in our email exchange in Appendix 4. An evaluation of this concern will be described more fully in Resolution of Challenges in the Discussion section.

The third concern of the TOSA CEO was regarding budget. During the presentation meeting, the Communication Manager and the Austin Program Director provided support by stating that the budget would be developed more appropriately later based on the intervention design. This postponed any detailed discussion of budget.

After discussion of these concerns, the TOSA CEO gave his formal permission to proceed. The CEO asked me to coordinate with the Austin Program Director and the San Antonio based Manager of Communications and Community Development.
Leading Project Team and Managing Timeline

Because the timeline to develop the intervention design and write the grant was so tight, I began recruiting grant team members in October despite having not yet received formal permission to proceed. To assemble the team, the first step was to create an overview of the project so that potential participants could have a general understanding of the grant. The deck I created for this purpose can be viewed in Appendix 5. Since this audience was different from the CEO, the topics were structured differently. This deck focused on the grant opportunity, the TOSA intervention design concept, the desired team members and the time commitments required from them.

The second step in recruiting team members was to begin leveraging my network. I contacted university professors for names of potential project members. The Austin TOSA communications coordinator also suggested names. I emailed individuals following up with phone calls to discuss their involvement. As a result of these efforts, I was able to create the following team to advise on writing the grant application.

Table 4 TOSA Grant Advisory Team

<table>
<thead>
<tr>
<th>Advisory Team Member</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cristina S. Barroso, Ph.D.</td>
<td>Assistant Professor Behavioral Sciences, University of Texas School of Public Health</td>
</tr>
<tr>
<td>Private Individual</td>
<td>Transplantee &amp; Student Grant Writer</td>
</tr>
<tr>
<td>Ronald B. Harrist, Ph.D.</td>
<td>Professor of Biostatistics, University of Texas School of Public Health</td>
</tr>
<tr>
<td>Alfred L. McAlister, Ph.D.</td>
<td>Professor of Behavioral Sciences, University of Texas School of Public Health</td>
</tr>
<tr>
<td>Private Individual</td>
<td>Educator and Transplantee</td>
</tr>
<tr>
<td>TOSA Staff</td>
<td>Manager Communications &amp; Community Development, Texas Organ Sharing Alliance</td>
</tr>
<tr>
<td>TOSA Staff</td>
<td>Senior Community Relations Coordinator, Texas Organ Sharing Alliance</td>
</tr>
<tr>
<td>TOSA Staff</td>
<td>Hospital Development Coordinator, Texas Organ Sharing Alliance</td>
</tr>
</tbody>
</table>
To organize the tasks required to complete the grant writing, I created a Gantt chart. The goal was to be able to divide portions of the writing among the team and produce four revisions of the grant proposal. Milestones are marked in green on the chart and advisory team meetings are marked in purple. With such a short project window, I did not create a true work breakdown structure with task dependencies.

I created an advisory team meeting schedule with desired outcomes for each meeting. The meeting notes can be viewed in Appendix 6.

**Table 5 Planned HRSA Grant Advisory Team Meeting Schedule**

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Time</th>
<th>Location</th>
<th>Agenda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec. 7</td>
<td>Mon</td>
<td>2:00-3:00 pm</td>
<td>Conference call</td>
<td>Overview, introductions, discussion of process</td>
</tr>
<tr>
<td>Dec. 15</td>
<td>Tues</td>
<td>2:00-4:00 pm</td>
<td>TOSA Office</td>
<td>Finalize Design Elements and review budget</td>
</tr>
<tr>
<td>Jan. 12</td>
<td>Tues</td>
<td>Noon-2:00 pm</td>
<td>TOSA Office</td>
<td>Review program evaluation details</td>
</tr>
<tr>
<td>Jan. 12</td>
<td>Tues</td>
<td>2:00-4:00 pm</td>
<td>TOSA Office</td>
<td>Operational implementation details, review of document</td>
</tr>
<tr>
<td>Jan. 26</td>
<td>Tues</td>
<td>2:00-4:00 pm</td>
<td>TOSA Office</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 1 Grant Writing Gantt Timeline**

To organize the tasks required to complete the grant writing, I created a Gantt chart.
Writing the Grant

Out of team meeting discussions and discussion with staff, TOSA decided to propose a faith-based, family communication behavioral intervention targeted at the Hispanic community in Hidalgo County and African American (AA) community in Travis County. Three measurable intervention goals chosen were to increase registration rates, number of family donation discussions and disposition towards donation. The details of the intervention are viewable in the project narrative and the federal application form. The project narrative can be viewed in full in Appendix 7. The project narrative went through six versions. The narrative had a 25-page limit. The following summarizes the results for each section of the grant narrative, the federal application form and the final decision by the TOSA CEO regarding the submission of the grant application.

Project Narrative

Needs Assessment

The needs assessment had two objectives. The first objective was to establish the need for organ donation registration specific to the TOSA service area and in the targeted populations. The second objective was to point out to HRSA that TOSA had a survey in place which could be leveraged into the grant.

Methodology

The methodology section established that the intervention was founded in research. The design chose to utilize a theory of reasoned action (TRA) based organ donation model published by Susan E. Morgan. The narrative self admits that TRA concepts have not been
systematically applied by TOSA. The intervention hypothesis was that content directed specifically to facilitating family communications about donation will positively impact attitudes, which will likely impact registration rates positively. The literature review and the experience of TOSA did not yield any known organ donation (OD) interventions where the content was specific to facilitating and training families on OD communication. The theory of the intervention design was that by combining media messages with family end-of-life OD communications training via the faith based community, donor registrations would increase.

To make the scope of the intervention feasible, TOSA decided to limit the intervention to two counties. The demographics of the counties and target populations were included in the methodology section. The Hidalgo County intervention will target the Catholic Hispanic community and the Travis County intervention will target the Baptist African American community. The intervention components include 1) mass media with high-profile news stories and locally-produced PSA’s, 2) Grass-roots outreach through churches and community partners, and 3) new technology outreach through church websites, emails, and Facebook. It was necessary to recruit church partners in the target area. This was accomplished by TOSA staff. Groups agreeing to be partners were the Archdioceses of Brownsville, Migrant Health Promotions in Weslaco and Mt. Olive Baptist Church in Austin.
Table 6 Campaign Component Summary

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Grass Roots Outreach</th>
<th>New Technology Outreach</th>
<th>Mass Media Outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Events</td>
<td>Events</td>
<td>Meso Media</td>
<td>Social Media</td>
</tr>
<tr>
<td>Activities</td>
<td>3 communication training events and 1 culminating event at churches in each county (8 total)</td>
<td>Church media outlets web sites</td>
<td>Church Facebook page blogging and videos</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Timed news releases &amp; media packages</td>
</tr>
</tbody>
</table>

Media Campaign

Based on input from Dr. McAlister, the media campaign was organized around a schedule of events to create a “burst” effect for more saturation of the message. The designed scheduled consists of four “burst” events following a schedule of “headlines” and topics for each of the two counties as displayed in table 7.

Table 7 Media Topics Schedule

<table>
<thead>
<tr>
<th>Media Topics Schedule</th>
<th>Catholic Hispanics in Hidalgo County</th>
<th>Baptist African Americans in Travis County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event 1</td>
<td>Why are donation rates low in the Rio Grande Valley?</td>
<td>Health disparities and equity of organ allocation</td>
</tr>
<tr>
<td>Event 2</td>
<td>How families discuss donation &amp; Survey results</td>
<td></td>
</tr>
<tr>
<td>Event 3</td>
<td>Catholic support of donation</td>
<td>Baptist support of donation</td>
</tr>
<tr>
<td></td>
<td>Medical Mistrust and bodily integrity</td>
<td></td>
</tr>
<tr>
<td>Event 4</td>
<td>Local donor stories, recipients &amp; wait list patients</td>
<td></td>
</tr>
</tbody>
</table>

The number of media events was determined by planning 1 per quarter for the duration of the execution period of the grant. For each media topic, the activities planned are news stories, identify and train role models, produce video news release material, and Local PSA production. Since federal funding cannot be used for incentives such as lunch, the plan to encourage attendance at training events was to offer free tickets to a culminating church.
event at the end of the research period. The design of the culminating event with
gospel/Latino musical groups will be finalized during the planning phase with the project
partners. The purpose of the culminating event is to not only create an incentive to attend the
family communication church event but to also facilitate the measurement of outcome
evaluation.

**Grass Roots Outreach**

Grass-roots outreach activities planned are the recruiting and mobilizing of network
volunteers for face-to-face communication. Three specific activities include: (1) Training
for church clergy and lay leaders on family communication and donation, (2) Church hosted
events for family communication, and (3) Distribution of “small” print and electronic media
production via church networks.

**New Technology Outreach**

New technology outreach includes special donation stories positioned in church
media outlets, websites, and videos, blogging on church Facebook pages. Network
volunteers will also be provided electronic media via internet for transmission via email,
Facebook.

**Evaluation Plan**

The evaluation plan developed for the application had two levels: (1) to track the
implementation of planned activities and (2) to measure results obtained for the three project
goals. The narrative commits that the activities to be tracked were four media “burst”
events, three per city along with church family communication events hosted by trained clergy and lay leaders, and two culminating church events (one in each county).

The narrative included a table of outcome objectives and measurements in order to quantify results from the project activities (table 8).

**Table 8 Summary of Outcome Objectives**

<table>
<thead>
<tr>
<th>Outcome Objective</th>
<th>Measure Descriptor</th>
<th>Measure Rate</th>
<th>Measurement Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Attendees at church events will participate in a communication discussion with their family members.</strong></td>
<td>Family Discussion Rate</td>
<td># family discussions measured in culminating event survey/# church event attendees</td>
<td>Baseline established at church event pre survey; outcome measured at culminating event survey</td>
</tr>
<tr>
<td>2. <strong>Attendees at church events will register to donate.</strong></td>
<td>Registration Rate</td>
<td># registrants/# church event attendees</td>
<td></td>
</tr>
<tr>
<td>3. <strong>Attendees at church events will express more positive attitudes towards organ donation.</strong></td>
<td>Attitude Rate</td>
<td>Increase % on Likert scale survey</td>
<td></td>
</tr>
</tbody>
</table>

Based on conversations with Dr. Harrist, it was decided the project would need to do surveys. The narrative committed that the survey instrument would be developed and finalized during the six month planning phase of the overall project. Two survey events were planned - survey church event attendees just prior to the event and again at the culminating event at the end of the research period. It was planned to ask current registration status, family discussion occurrence and OD attitudes in the surveys. The impact of the project was planned to be evaluated by calculating a one-sided 95% confidence interval about the change
in the Family Discussion, Registration and the Attitude Rates. Rates for which the interval lies entirely above zero will be considered to have been improved as a result of the intervention.

**Work Plan**

The grant award was for a two year period. A detailed work breakdown structure with task dependencies was written and is in attachment 1 of the project narrative enclosed in Appendix 7. The project management methodology allowed for six months of planning, twelve months of activities and six months of evaluation. The following figure illustrated the methodology.

![Project Management Methodology](image)

**Figure 2 Project Management Methodology**

**Plan to Resolve Grant Execution Challenges**

The narrative listed two anticipated challenges. The ethnic communities are more likely to gather when an activity includes refreshments. Since the grant does not allow
funding for food, the project intends to resolve this challenge via offering free tickets to the culminating musical event. The second challenge is that currently county/ethnic data is not tracked by the Donate Life-Texas Registry. This challenge will be overcome by the use of paper registration at events. The data gathered at events will be stored in Microsoft Excel for evaluation analysis.

Organizational Information

Organizational information in the project narrative included the project organizational chart as well as descriptions of the organizations partnering on the project. Job descriptions were written for the various roles. A graphic depiction of the organization was created and short biographies of personnel were included. Endorsement letters from partner organizations were still pending at the time of the submission decision.

Federal Application Form and Project Budget

The federal application form is actually a pdf document. To complete the federal form one must download required documents and move them into the pdf document. The following figure shows which forms were in process (on the right) and which forms remained to be completed (on the left) at the time of submission decision. The federal form can be viewed in Appendix 8.
In addition to the project narrative, the budget information and the budget narrative were important components of the grant application. To make it easier to plan the budget, I re-created the federal budget form in an excel workbook. The workbook can be viewed in Appendix 9. The budget workbook went through five iterations from December 15, 2009 to February 1, 2010. The budget narrative went through two revisions in late January. The narrative is also enclosed in Appendix 9.

The total intervention budget including both federal and non-federal funds was $348.5 thousand for two years. The direct amount of federal funds being applied for was $206.7 thousand. The federal funding would be 73% of the overall project budget. The majority of the expense was budgeted for media events as seen in the budget categories graph below.
Grant Submission Decision

On January 31, 2010 I sent version 4 of the budget workbook to the Austin based communications coordinator and her boss, the San Antonio based manager of communications and community development. The San Antonio manager forwarded the workbook to the TOSA financial officer for review. On February 1st, I received a call from the San Antonio office with questions regarding data sources for in-kind estimates. There was concern regarding potential improper disclosures. On February 2nd, in a second phone call, I explained how in-kind estimations were made. I followed up that phone conversation in writing. On February 3rd the CEO decided to not submit the grant application due to the questions about in-kind estimations.
DISCUSSION

The discussion section consists of a self-assessment on both the process of developing the grant proposal and the resulting content of the proposal. An examination of what worked well and opportunities for improvement are reviewed. The examination of process reviews planning, timeline management, partner collaboration, and resolution of challenges. The examination of content assesses the proposal against notes from the HRSA sponsored Pre-Application Workshop and the content against the grant criteria.

Process Assessment

Planning and Timeline Management

The initial leadership to drive a decision on whether or not to pursue the grant worked well. The creation of a feasibility document and presentations for a quick orientation to the grant opportunity facilitated conversations, understanding and decision making. The decision to apply was received and an advisory team was recruited.

The creation of the Gantt timeline provided some structure and initial deadlines. However, I was unable to devote significant time to writing until the December holiday break. This meant that the first draft of the project narrative, originally due at the end of November was not presented for review until January 4th. The narrative did go through six versions but these were in a one month timeline. This meant that there was no time left for review of the narrative by the advisory team or any independent party. Grant writing wisdom advises that grant proposals that are not “matured” or have undergone sufficient review should not be submitted to avoid diminishing credibility of the organization (Devine, 2009).
An additional timeline challenge was development of the budget. The planned date for budget approval was December 14th. The first draft of the budget was done by that date. Given that the budget was an expressed primary concern of the TOSA CEO, work on the budget should have commenced earlier.

Another item that missed its deadline was contractor registration. The planned date to register as a federal contractor was November 23rd. This registration was actually never completed despite continual urging for completion of the online form.

**Partner Collaboration**

Collaboration with community partners could have and should have been stronger in the narrative. The grant announcement and program guidance specifically states that the grant program seeks “to promote greater collaboration between the transplant community organizations and those organizations with expertise and experience in evaluation research” (Maldonado, 2009, p. 3). The guidance further “strongly encouraged” applicants to work as a team with organizations with demonstrated expertise in evaluation design and those with demonstrated expertise in community education for organ donation (Maldonado, 2009). Our project met the latter criteria but not the former. TOSA staff has experience in community outreach and marketing but not experience in evaluation design or behavioral sciences. At the time of the grant writing, I also had no background in evaluation and did not fully appreciate the full scope of planning and conducting an evaluation.

Program guidance required attachment four of the project narrative to present letters from consortium partners and letters of support (viewable in appendix seven). During the HRSA pre-application workshop December 8th, Mary Ganikos, Education Chief, HRSA
Division of Transplantation (2009) urged applicants to ensure that any letters included state exactly what the partner organizations expect to do. She stated generic letters of support and form letters should not be included. Her statement reinforced the written program guidance to “include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Provide any documents that describe working relationships… [and] must clearly describe activities each member will undertake in project implementation” (Maldonado, 2009, p. 16).

Key elements of our intervention design involved working relationships with churches in the target counties. The design included mobilizing volunteers for face-to-face communication within the religious communities. The outreach effort included training for church clergy and lay leaders on family communication and donation, church hosted events for family communication, and ability to distribute materials via the churches and networks, loop 30-second PSAs at church events and blog on church Facebook and web pages. Program partners identified were the Archdioceses of Brownsville, Migrant Health Promotions in Weslaco and Mt. Olive Baptist Church in Austin. These organizations were selected because of prior working relationships with TOSA staff. However by February 3rd, only 5 days before date of submission, letters of support had not yet been received by any of the partner organizations. As I did not speak with partners directly, I did not know for a fact that they understood the extent of the commitment being asked. One of the key failures of applicants according to Ganikos is that formal letters of collaborative arrangements are not included (2009).
Resolution of Grant Writing Challenges

The program guidance advised applicants to discuss challenges that may be encountered while implementing the project and how they might be resolved. We chose to call out two challenges in our narrative: how to incent attendance at the church sponsored events and how to collect county/ethnic data from the state registry. In addition to these challenges admitted within the application, I will also discuss three additional challenges in writing the grant: philosophical differences in design of the intervention regarding the target population and media, the code of federal regulations and development of the budget.

Ability to attract participation

Given that donor registration is lower among ethnic communities, the ability to attract participants to the events proposed in the intervention design was crucial. From experience, the TOSA staff believed that ethnic communities would be more likely to gather when an activity includes refreshments. We needed to come up with some incentive to attract attendance that also did not incur undue costs. Our solution was to offer participants to the activities hosted at churches free tickets for a future concert. We believed we could attract local bands and create a concert event that would be attractive to the communities.

Ability to measure ethnicity

It was essential that we be able to measure ethnicity on the Texas registration list for the Hispanic community in Hidalgo County and the African American community in Travis County. The entire proposal objective was to increase registration among Hispanics and African Americans. At the time of the grant proposal however, the Texas registry did not
track registration by county or ethnicity of the registrant. Our resolution for this challenge was twofold. First the state agreed to make county data that they could derive from addresses available to us. Our application included a letter to that effect from the state. We also decided to take paper registration at events (as opposed to our original vision of doing online registration) so that ethnicity could be self identified by registrants. We then proposed the creation of a Microsoft Excel data base to store data and for evaluation analysis.

**Intervention Design Conflict**

There were several differences of opinion amongst TOSA staff and myself regarding the design of the intervention. The first topic of difference was which population to target for the intervention. The grant opportunity was first identified by an Austin-based staff person who is an African American. Moreover, the Austin TOSA office has an active Minority Advisory Council with participation from the African American community. The TOSA corporate office was more interested in targeting the Hispanic community in the Rio Grande Valley (RGV). This was the strong opinion of the San Antonio based Manager of Communications & Community Development. The basis for this opinion was that the TOSA service area population is 54% Hispanics with the lowest consent rate of all ethnic groups at 48%. TOSA also experienced a year over year decrease of 6.6% in the Hispanic consent rate from 2008 to 2009 (TOSA, 2009). The TOSA service area is compromised of three regions: the northern region based out of Austin and extending northwards to Waco, the central region based out of San Antonio (also the headquarters), and the southern region which is the Rio Grande Valley.
Arriving at a decision regarding the target population was a bit delicate. If the target population selected was too large, the intervention would be unmanageable. This was due primarily to the geographic size of the overall TOSA service area. If the target population was only in the southern region, then several of the individuals working on the grant proposal would not be participating in the intervention should a grant be awarded to TOSA. The eventual compromise was to target African Americans in one northern region county (Travis) and Hispanics in one county in the southern region (Hidalgo). Both of these counties house regional TOSA offices (Austin and McAllen) as well as had working relationships with religious leaders in the communities. This compromise addressed the issues of having multiple regions involved but did leave somewhat of a “split” direction for the overall proposal which may have been cleaner if only one target population had been chosen.

The second difference of opinion was in regards to the primary communication vehicles to be used for the intervention. TOSA staff was very interested in purchasing mass media, especially in the RGV area. Northern region staff was concerned about the costs of mass media. I encouraged the staff to choose communication vehicles based on what research said had been successful with these ethnic groups. HRSA made it quite clear that the design of the intervention must be based in theory and research; that the inclusion of theory must not be “just window dressing” but used for the basis of the decisions on what to do (Maldonado, 2009). Additionally HRSA stated that they were looking for innovation including the use of social media (Maldonado, 2009). I believe these various viewpoints derived from the fact that the TOSA staff has a marketing background whereas my background derives from public health studies.
The solution arrived at was to use a variety of communication strategies that reinforced each other. This decision was based on the advice of Dr. McAlister that “media events” should be planned in “bursts” which include a news hook, reinforced with small media and ground community networking (A. McAlister, grant advisory meeting notes, December 7, 2009). To address the HRSA interest in social media we decided to utilize or create blogs, websites and Facebook for the churches involved in the intervention. To reinforce that the design was based in the health behavior theory, we created a table of the intervention components identifying them as meso or macro media (see table 6).

**Code of Federal Regulations**

As previously stated in the methodology section, one of the concerns expressed by the TOSA CEO was the requirements of the grant to be compliant with the code of federal regulations (CFR). He expressed concerns primarily about hiring quotas and handicap compliance. As a federally designated organ procurement organization, TOSA is already subjected to detailed federal review under Section 121.10 of Title 42, the Public Health and Welfare Act. This review requires the federal Organ Procurement and Transplant Network agency (OPTN) to review OPOs in detail (OPTN/UNOS, 2010). I believe the organization already suffered from “federal audit fatigue”.

I did read the grant carefully to identify which parts of the federal code for which compliance was required. I read CFR 86 and found no regulation regarding quotas. The local site directors were then asked by the CEO to obtain letters from the landlords of the facilities from whom TOSA rents that the buildings were fully ADA compliant. I do not
believe concerns were ever fully alleviated. These concerns may have contributed to the decision to not submit the application. If time in developing the proposal had been better managed, I should have been able to meet again in person two weeks prior to the application deadline to discuss face-to-face any remaining concerns.

**Budget**

The biggest challenge of preparing the grant application was the budget. The planned timeline to develop the budget was not at all adhered to and was undoubtedly unrealistic. The original plan was to develop the intervention design and budget in tandem, and to be approved by December 14\textsuperscript{th}. In reality the first draft of the budget was done on December 15\textsuperscript{th}. As late as February 1\textsuperscript{st}, the budget was still not complete nor approved, only nine days before the application deadline. I believe we all underestimated the timeline requirement for the development of the budget. As the writing of the grant progressed, it became clear to me that the design, budget development and budget narrative truly needed to be sequential work rather than parallel work. Additionally, the TOSA treasurer should have been part of the grant advisory team.

**Content Assessment**

Any evaluation of work must be examined against whatever standards are available. In the case of this grant opportunity standards are provided by HRSA staff via the Pre-Application Workshop and the award criteria listed in the grant guidance.
**Assessment against notes from Pre-Application Workshop**

The Division of Transplantation (DoT) offered applicants several opportunities to receive assistance on their application including two pre-application conference calls and a pre-application workshop. As discussed in the methodology section, we attended one of the conference calls and I attended the workshop. Topics included history of the grant program, how to submit the application, review criteria, and how to prepare a review-friendly application. Additionally the workshop afforded the opportunity to meet with research and program consultants to discuss our project. DoT staff made themselves available for phone questions during the writing period as well. I found them at all times to be professional and helpful.

**Networking**

The day long workshop was an invaluable experience. Attendees at the workshop included the executive director and CEO of Donate Life South Carolina, the executive director of Donate Life America, the co-director of the Institute for Policy Research of the University of Cincinnati, the high school outreach & education manager of the New Jersey Organ & Tissue Sharing Network, the business development manager of KFOX-TV of El Paso, the President and CEO of The Living Bank of Houston and the Living Donor Counselor of The Living Bank. As a result of meeting these individuals, The Living Bank of Houston agreed to be my client for the development of an evaluation proposal the following semester.

The following assessment is based on my notes from the workshop.
Federal Grant Writing.

The workshop presenters gave several “pointers” regarding writing the project narrative. All presenters highly suggested having someone outside the grant team read the application from an objective viewpoint. This is something we were unable to do given how backed up we were against the deadline. Maldonado’s advice was that writing needed to be tight and concise with clarity in the description of the proposed intervention (2009). The 25 page limit for the project narrative forced a lot of editing. An example of how concise I was forced to be occurred in the introduction and purpose sections. Rather than summarize the details of research regarding family communication and religion influence on organ donation, I simply wrote two sentences citing several journal articles. I also used several tables such as the media topics schedule and the campaign components summary to explain the intervention elements and how they fit together. By February however, there was still one page length that need to be edited, which I found very difficult to do.

One area that I believe we did well was clarity in why we targeted the Hispanic population in the RGV by stating that TOSA had experienced a 6% decrease in consent rates among Hispanics. It was also suggested that if the applicants were targeting a minority population that we stipulate how we will find them (Maldonado, 2009). I believe we met these criteria as we were clearly collaborating with congregations whose members primarily consisted of the ethnic groups selected for the project.

Maldonado advised applicants to include whether or not their state is a first person consent state and what is the actual practice (2009). This is an example of the kind of advice that I was unable confirm that we had addressed due to the mismanagement of time. While
one could expect that reviewers might know which states are first person consent states, workshop attendees were also told that reviewers can only base decisions on what is in the application – they are unable to use their own knowledge and cannot fill in the blanks for the applicant (Gibbs & Fischer, 2009).

**Intervention Design**

The workshop presentations emphasized that applicants must describe whether the intervention is experimental or quasi-experimental and build in a way to measure the results (Ganikos, 2009). Ganikos’ slide presentation stated that the methodology section is where applicants “sink or swim right here” (2009). She stated that the application should state the independent and dependent variables and consider the independent effects of multiple variables. Because of my public health studies, I understood this point but I do not feel that everyone on the team related to this requirement. I believe we could have been stronger in this portion of our application by discussing confounding variables and their potential interactions on what we planned to measure. I did create a table of outcome objectives with measures, rates and timeframes within the grant application (see table 8).

Other methodology problems reviewers often found in past applications was no justification for the sample size (Maldonado, 2009). Unfortunately this was true in our application. Expressing outcomes in percentages only was another caution given. Maldonado stated that absolute numbers matter too (2009). We did think this through and our outcome measures included both absolute numbers of registrants at events and a percentage change in attitudes as determined by surveys.
Intervention development time line was limited to only 20% of total project time (Ganikos, 2009). This was another miss that I might have caught if more time for review had been available. We proposed six months of planning and development which would be 40% of a two year project. This miss would likely have caused our project to be thrown out.

Past reviewers Gibbs and Fischer shared with the audience several questions asked by reviewers. Questions included:

- Is there a big enough difference between what is being proposed and what has been done before?
- Are actions big enough to make a difference?
- Are activities linked with outcomes? (Gibbs & Fischer, 2009).

The innovation we proposed to previous interventions was to use religious venues to train families on how to communicate about organ donation. I believe this is a unique approach. As pointed out in the literature review more research is needed to understand the gap between intention to communicate and the actual communication behavior. Also discovered from the literature review, African Americans and Hispanics are more likely to communicate intentions regarding organ donation via interpersonal conversations than to register or sign an organ donor card.

During my individual meeting with the reviewers at the workshop, they asked me to explain what we meant by training for family conversations. They suggested that we look at research on how to start a conversation or training for counselors or training for families on other taboo subjects. In retrospect, this is good advice which, again, I did not pursue due to time management.
Whether or not the actions proposed are big enough to make a difference is not a question that our proposal addressed well. While we designed the intervention with the intent of pursuing activities that supported and reinforced our messages, I believe we could have done a better job of linking each activity to the results of prior research. For example, one conclusion of the literature review is that communication content must be culturally sensitive and not be “one size fits all”. I believe our application would have been stronger if we had better addressed how we would be culturally sensitive beyond just translating materials into Spanish.

Finally, I believe our proposal would also have been stronger if a logic model had been included. A logic model would have clearly linked activities to outcomes as advised by the reviewers at the workshop. Building the logic model may have also helped the grant team in thinking through conflicts of opinion regarding the intervention design and which activities should be included. It would have forced all team members to consider exactly what we were proposing to change.

**Evaluation Plan**

The workshop presenters stated that the required evaluation plan should include a means to justify that the proposed intervention achieved goals independent of other organ donation registration activities. Ganikos stated that it is excellent to put evaluation tools in appendices and to talk about psychometric properties of your tools (2009). Reviewers want to know that applicants are using a proven tool (Gibbs & Fischer, 2009). “Evaluation and
technical support capacity – is where you want to shine,” according to Ganikos (2009). She advised that the evaluator should not be figurehead or just a statistician.

Our application positioned me as the project evaluator to be assisted by a statistician. At the time I was most concerned about the statistical analyses that would need to be performed. Since then I completed the Introduction to Program Evaluation course and now recognize the extent to which we could have developed an evaluation proposal. Areas of opportunity include target population rationale (beyond just Hispanics and African Americans), logic model, review of program environment, development of evaluation questions, causal hypotheses and determinants, standards of comparison, validity threats and effect size and power. I do not really know, however, how we would have ever written all of this within the page limit and time constraints.

**Common failures**

The final area of self assessment against the presentations from the Pre-application workshop is to look at the list of common areas of failure by grant applicants. Common failures listed by Maldonado included: 1) failure to adhere to spirit of grant; 2) absence of research question and performance measures; 3) excessive complexity; 4) theoretical foundation not discussed, 5) sample size not justified; and 6) statistical analysis incomplete (2009). Common reasons for disapproval listed by the reviewers were hard to know exactly what is being done, “shot gun” approach, skimming or light treatment of performance measures, unrealistic work plan and/or budget. Top 10 failures included detailed budget...
justification, intervention performance measures, unrealistic goals and lack of a clear research question (Gibbs & Fischer, 2009).

Our proposal was clearly in the spirit of the grant – to educate the public regarding solid organ donation. Our research hypothesis was clearly stated: that content directed specifically to facilitating family communications about donation will positively impact attitudes, which will likely impact registration rates positively. We did introduce some complexity by targeting two ethnic groups and conducting the intervention in two counties. This meant that all materials would have to be developed twice to be appropriately sensitive to the cultures of both ethnic groups. We had clear theoretical background including in appendices the evidence-based behavioral models on which our intervention was based. The primary weakness of our application would be in the area of evaluation and performance measures. I think we were guilty of light treatment of these subjects as discussed above. The other weaknesses of our application were the late development of the budget and lack of a review by a third party prior to submission.

**Assessment against Grant Criteria**

Grant guidance provided the details of how applications are evaluated. The review procedures were instituted to provide for an objective review of applications. The criteria included critical indicators that provide reviewers with a standard for evaluation. The guidance encouraged applicants to “pay strict attention to addressing all these criteria, as they are the basis upon which the reviewers will evaluate applications” (Maldonado, 2009, p. 20).

Table 9 is a summary of the award criteria, description of the criterion, the points possible and my self assessment of our work against these criteria.
Table 9  Six Review Criteria for Public Education Efforts to Increase Solid Organ Donation Program

<table>
<thead>
<tr>
<th>Award Criteria</th>
<th>Description</th>
<th>Points Value</th>
<th>Self Assessed Value</th>
<th>Self Assessed Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need</td>
<td>Extent to which applicant describes problem with supporting data</td>
<td>10</td>
<td>8</td>
<td>The need to drive Hispanic registrations was clear. The need for AA registrations was not as clear.</td>
</tr>
<tr>
<td>Response</td>
<td>Extent to which proposal is responsive to grant intentions and shows promise of successfully meeting needs</td>
<td>20</td>
<td>17</td>
<td>The proposal is direct to the heart of the grant intentions. The proposal could have been clearer about social media. It is not as clear that the activities proposed will meet the need described.</td>
</tr>
<tr>
<td>Evaluative Measures</td>
<td>Effectiveness of methods proposed to monitor and evaluate project results</td>
<td>20</td>
<td>10</td>
<td>The evaluation section was too light.</td>
</tr>
<tr>
<td>Impact</td>
<td>Likelihood of project to increase public commitment as evidenced by increased registrations</td>
<td>20</td>
<td>18</td>
<td>The proposal was innovative towards using religious leaders as trainers for family communication on organ donation. It is likely that this would impact commitment for those participating in events.</td>
</tr>
<tr>
<td>Resources and Capabilities</td>
<td>Extent to which project personnel and consortium members are qualified with appropriate expertise for magnitude of project</td>
<td>20</td>
<td>15</td>
<td>Project personnel were very skilled in organ donation and project management. They were not skilled in evaluation.</td>
</tr>
<tr>
<td>Support Requested</td>
<td>Reasonableness of proposed budget in relation to objectives, project complexity and anticipated results.</td>
<td>10</td>
<td>5</td>
<td>The budget was not complete and not yet subjected to review.</td>
</tr>
</tbody>
</table>

Total Criteria Points 100 73
CONCLUSION

This culminating experience set out to create a consortium to design a behavioral intervention for organ donation registration and to submit the design in a grant application to Health Resources and Services Administration. Table 10 outlines whether the objectives and activities were achieved.

Table 10  Summary of Culminating Experience Achievements

<table>
<thead>
<tr>
<th>Process Objectives</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Observe permission to write grant application by October 31, 2009.</td>
<td>Permission to write the grant application was obtained on November 17, 2009.</td>
</tr>
<tr>
<td>2. Establish a grant writing advisory team by October 31, 2009.</td>
<td>The team was established by the end of the November and the first meeting was held December 7, 2009.</td>
</tr>
<tr>
<td>3. Establish a grant writing schedule by October 31, 2009.</td>
<td>The plan for the writing of the grant was established on November 17, 2009.</td>
</tr>
<tr>
<td>4. Demonstrate leadership skills in leading grant team meetings to conduct grant activities per the agreed schedule.</td>
<td>This objective was partially obtained. I was successful in convening meetings and less successful in delegating and adhering to the planned timeline.</td>
</tr>
<tr>
<td>5. Establish professional networking contacts through grant writing activities.</td>
<td>This was achieved. Contacts made were later leveraged for other projects.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Objectives</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Write the HRSA grant application on behalf of Texas Organ Sharing Alliance to be submitted by February 3, 2010.</td>
<td>The grant application was 90% complete at the time of the decision to not submit the application on February 3, 2010.</td>
</tr>
<tr>
<td>2. Write an evaluation of the consortium effectiveness towards writing the grant application by August 15, 2010.</td>
<td>The evaluation report was completed by October 31, 2010.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Activities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Creation of Project Staffing Plan</td>
<td>Completed.</td>
</tr>
<tr>
<td>Definition of intervention Purpose with Quantifiable Goals</td>
<td>Completed.</td>
</tr>
<tr>
<td>Writing a Needs Assessment from literature and data review</td>
<td>Completed.</td>
</tr>
<tr>
<td>Design of Intervention Methodology and</td>
<td>Completed. Evaluation plan needed to be</td>
</tr>
<tr>
<td>Evaluation Plan</td>
<td>more thorough.</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Establish a Intervention Budget</td>
<td>Partially completed.</td>
</tr>
<tr>
<td>Write a Work Plan including Gantt timeline, milestones and dependencies</td>
<td>Completed.</td>
</tr>
<tr>
<td>Determine a process for Resolution of Challenges</td>
<td>Completed.</td>
</tr>
</tbody>
</table>

**Recommendations**

A favorite quote of mine has an unknown attribution, “the decision you make at a point in time is the best decision you can make. It is always easy to see with hindsight what could have been done better.” This culminating experience is certainly an example of how hindsight offers insights into what could have been done better. Based on my self assessment and review of the project, I have three recommendations.

**Secure “true buy-in”**

My first recommendation is to seek open discussion of all concerns early in a project so that concerns not fully vetted do not become barriers at the last moment. The mission of TOSA is to maximize quality organ donation and provide the regional transplant centers with a professional, responsive organ recovery program (TOSA, 2010). It was clear that the TOSA organization’s first priority is the recovery of organs and securing donor consent. More than one member of the staff told me that there is some cynicism whether increased registration actually results in increased donor consent and organ availability. In retrospect, I think it would have been healthy to dialogue about pursuing the grant more openly. Just recently Dutch researchers published a study to assess whether efforts to increase positive attitudes towards organ donation and increase registration and whether this impacts the availability of donor organs. The researchers go to the heart of the question of correlation...
between education campaigns and donor procurement. The study found a strong positive correlation between donor procurement rates and (consent) registration rates, confirming the importance of measures aimed at enlarging the donor registration (Coppen, Friele, Gevers, & Van Der Zee, 2010).

**Time management**

My second recommendation is to be stricter in the time management. One of the weaknesses of the project was that more time was needed to develop an evaluation plan and the budget. Finding this time would have been very challenging given the late start and the need for budget development to sequentially follow design decisions. However, I could have pushed for design decisions earlier and made better use of holiday time for writing. If I also had more buy-in from leaders, then the team may have had more release time from other work to assist in design decisions early in the project.

**Evaluation Plan**

As Ganikos stated in the pre-application workshop, “most applications are not shot down on idea but on poor methodology” (2009). This application needed a more thorough evaluation plan. The basis of design, to leverage religious leaders in training families on initiating organ donor conversations, is quite solid and based in prior research. This idea should be leveraged into activities whether funded by a federal grant or not. However, if further grant opportunities are to be pursued, I recommend that experimental design include elements such as standards of comparison, validity threats and effect size and power.
APPENDICES
Appendix 1: Feasibility Discussion

Following this page is the feasibility discussion document created to guide initial consideration of the grant project.
Appendix 2: Grant Guidance with Pre-application Workshop Notes

Following this page is the HRSA Grant Guidance with my October 21 notes from a HRSA hosted pre-application workshop.
Appendix 3: Presentation to TOSA CEO

Following this page is the presentation made to the Texas Organ Sharing Alliance
CEO on November 17, 2009 to secure formal permission to pursue the HRSA grant
opportunity.
Appendix 4: Dialogue on Code of Federal Regulations

Sent: Tuesday, November 24, 2009 7:54 AM
Subject: Re: Federal Forms

There is much vacation and out of office time planned this time of year - and a lack of management back up to deal with the detailed analysis. We have no COO and the management staff even at the higher levels is primarily driven by their functional specialty and not always primarily concerned with the corporation or impact of budgets, staff time, impact on other parts of the organization or work, competition with other projects with limited staff time, risk, etc. Nor should they be with regard to the overview and control of the corporation as a whole.
Due diligence is what we are doing now to make sure we know what needs to be known about the project and its implications.

I have a feeling there will be more "small print" items with this project. Keep me posted.
Thanks

-----Original Message-----
Date: Tue, 24 Nov 2009 07:01:34
Subject: RE: Federal Forms

Enclosed are the CFR forms related to non-discrimination. I have only read part 86 so far. There is no regulation regarding quotas and the majority of the regulation is regarding educational institutions. I will read the others later today.

Sent: Monday, November 23, 2009 8:06 PM
Subject: Re: Federal Forms

This may be a no-go based on the timing issues. I just wanted to give you a head's up. The time lines on these are typically constrained and then there are issues with assumptions re management time available - due diligence etc. Let me know/forward what you find out.
Thanks

-----Original Message-----
Subject: RE: Federal Forms
Sent: Nov 23, 2009 7:24 PM

I will check into this.

Sent: Monday, November 23, 2009 1:44 PM
Subject: Re: Federal Forms
I have some concerns over "assurances" with regard to … 45 cfr 86, 90 and 91 …

Could you please check into these issues and let me know, it may be a good learning experience as well. The term "cfr" is code of Federal Regulations and the numerical designation is the actual component of the regulation.

Nov 19, 2009, at 7:02 PM:

> Enclosed are the federal forms that are required. Here is a summary:
> 
> Form # Title
> SF 424 Application for Federal Assistance
> SF-424A Budget Information
> SF-424B Assurances
> SF-269A Financial Status Report Short Form
> 
> Other Compliances and urls:
> Cultural & Linguistic Competence http://www.omhrc.gov/CLAS
> Smoke Free Workplace
> H1N1 Guidance for HRSA Grantees www.hrsa.gov/h1n1/
> A-133 OMB Audit Requirements www.whitehouse.gov/omb/circulars
> Performance Review http://www.hrsa.gov/performancereview
> PSC-272 quarterly electronic PSC-272 via the Payment Management System
> 
> Please let me know if you have any questions or concerns.
>
> <Federal Forms.zip>=
Appendix 5: Advisory Team Recruitment Presentation

Following this page is the presentation used to orient potential project team members to the grant opportunity.
Appendix 6: Grant Advisory Team Meeting Notes

*December 7th*

**Program Evaluation**
Suggested xx and xx participate in the Program evaluation detail session noon-2 on Jan 12th if they are available. xx suggests a pre/post survey of ~400 @ $50-$60/person. We discussed being able to use TOSA door-2-door survey as a baseline. TOSA is currently in 3rd draft of survey which is an opinion survey and also to test the message. Survey may be executed before Christmas or in Jan. xx suggested doubling or tripling # of surveys done in Spanish. xx pointed out that survey results can also serve as hard news for the media campaign. TOSA also completed a phone bank call-in survey at Thanksgiving.

Measurements and plan will need to be by city and county for registration data.

**Grant notes**
xx noted grant announcement refers to suggested readings and publications. National data is suggested to be used regarding the Hispanic community donation behavior.

**Methodology**
xx discussed media plan. Determine the number of “media events” by planning 1 for every two months for duration of grant. For example, if the program runs 18 months, plan 7-9 media releases. The media is multi-level including high profile (news “hook”, data, expert opinion, and twist), small media (church handouts photo novella, email, and FB postings). This is combined with on the ground community networking. Role models can be used (45 sec-1 min spots- what learned, benefit, how changed, call to action) for PSA, FB postings, running loops at events. We can likely leverage the health workers network currently utilized in the RGV.

**Branding**
Conduct “focus” groups (not like advertising focus groups) to come up with the branding.

**Content**
Medical mistrust, religion myths, family communication, how to talk about. In other words, don’t just publicize need but the issues of how to talk about it. Additionally need education on “think registered

**Execution**
We discussed need to narrow the target location. Suggestion is to do Cameron county only (Cameron/Hidalgo are same media market ~1.5M but both are too large). We also discussed the need to cover the entire TOSA market including north region. Therefore suggest doing two counties, possibly Cameron for Hispanic community and Travis for African American community.

Networks to leverage: A&M Colonias, Valley Interfaith.
Need to consider how to make this effort sustainable.

**Competition**
A Michigan grant applicant has approached TOSA about a project in the RGV. TOSA will be doing the education. This effort will be leveraging Promotores de Salud.
### December 15th

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<tr>
<th>Action Item</th>
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<th>Due</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Get data regarding cities for intervention</td>
<td>xx</td>
<td>Jan 5</td>
<td>McAllen and Austin</td>
</tr>
<tr>
<td>Get numbers of Baptist churches and members in Austin</td>
<td>xx</td>
<td>Jan 5</td>
<td>Austin</td>
</tr>
<tr>
<td>Get numbers of Catholics churches &amp; members in So. City</td>
<td>xx</td>
<td>Jan 5</td>
<td>McAllen</td>
</tr>
<tr>
<td>Pick registration goal based on current registry growth and other interventions</td>
<td>xx/xx</td>
<td>Jan 12</td>
<td></td>
</tr>
<tr>
<td>Calculate numbers to quantify events and budget</td>
<td>Team</td>
<td>Jan 12</td>
<td></td>
</tr>
<tr>
<td>Invite xx to Jan 12 Eval planning meeting</td>
<td>xx</td>
<td>Dec 21</td>
<td></td>
</tr>
<tr>
<td>Email potential partners brainstorm list</td>
<td>xx</td>
<td>Dec 21</td>
<td></td>
</tr>
<tr>
<td>collect cost estimates for community activities</td>
<td>xx</td>
<td>Jan 12</td>
<td></td>
</tr>
<tr>
<td>Set up budget form review with Bruce</td>
<td>xx</td>
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### January 12th

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<td>collect cost estimates for community activities</td>
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<tr>
<td>Set up budget form review with xx</td>
<td>xx</td>
<td>Dec 21</td>
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</tr>
<tr>
<td>Public place to share document</td>
<td>xx</td>
<td>xx</td>
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<tr>
<td>Register as a vendor</td>
<td>xx</td>
<td></td>
<td>Just needs to be keyed in</td>
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<tr>
<td>Schedule budget meeting with xx and weekly lunch call</td>
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Appendix 7: Grant Project Narrative

Following this page is the project narrative attachment for the grant.
Appendix 8: Federal Application Form

Following this page is the actual federal application form completed for the grant.
Appendix 9: Project Budget and Budget Narrative

Following this page are two documents: the budget developed for the grant (in Microsoft Excel workbook format with 7 spreadsheet tabs, and the budget narrative.)
REFERENCES

*Transplantation Proceedings, 40*(1), 34-38.


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Kopfman, J.E., Smith, S.W., Morrison, K., Massi, L. & Yoo, H.J. (2002). Influence of race on cognitive and affective reactions to organ donation messages. Transplantation Proceedings, 34(8), 3035-3041.


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